

REQUEST FOR PROPOSAL (RFP)
BEHAVIOR ANALYST

UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES (DHS/DSPD)
RFP # 40265

I. PURPOSE

This is an invitation for proposals for a statewide Behavior Analyst services contract. Offerors awarded contracts under this RFP will address behavior problems exhibited by people with disabilities, provide individual behavioral consultation with families, provide consultation on behavior supports to DSPD region office personnel, and where applicable, provide mentoring to other Behavior Analysts.

A statewide contract will be written with all successful Offerors. The contract will be fee for service and by responding to this RFP, the Offeror agrees to accept the established rates for the service(s) awarded.

II. PROPOSAL INFORMATION

A. Definitions pertaining to the proposal:

Client – Person with Disabilities

Offeror – Entity submitting proposal

DHS/DSPD – Department of Human Services, Division of Services for People with Disabilities

BACB - Behavior Analyst Certification Board

BCABA – Board Certified Associate Behavior Analyst (issued by BACB)

BCBA- Board Certified Behavior Analyst (issued by BACB)

B. Background: This RFP is DHS/DSPD's first request for these services.

C. Submission of Proposals: This RFP is open-ended. It will remain in effect until June 30, 2006 unless rescinded sooner. Five (5) copies of the Offeror's proposal must be submitted to:

Rosalie Nance, Purchasing Agent
Bureau of Contract Management
First Floor Information Desk
Department of Human Services
120 North 200 West
Salt Lake City, Utah, 84103

The initial due date for proposals is Tuesday, April 29, 2003, however, proposals will be accepted at anytime during the period the RFP is open. Proposals submitted after the initial due date will be reviewed as they are received. **Faxed proposals will not be accepted.**

Costs incurred in the preparation and submittals of proposals are the responsibility of the Offeror and will not be reimbursed.

D. Pre-proposal Meeting: A pre-proposal meeting will be April 22, 2003, beginning at 9:00 a.m. in Room 404.

E. Amendments to Proposals: Because this RFP is open-ended, amendments to proposals will be accepted as received.

F. Length of Contract: All contracts awarded under this RFP will expire on June 30, 2006, unless terminated earlier in accordance with the terms of the contract. Rates may be subject to renegotiation on an annual basis.

- G. Eligibility: Proposals may be submitted by qualified public or private, non-profit or for-profit organizations or entities, or by individuals.
- H. Contact Person: Questions regarding the proposal may be addressed to Teena Scholte, Contract Administrator, DHS/DSPD, (801) 538- 4140. Technical questions regarding the services to be provided may be addressed to Alan Tribble, Behavior Analysis Coordinator at (801) 538-4351.
- I. Receipt and Registration of Proposals: Proposals will be opened at the Purchasing Office for the Department of Human Services. The names of the Offerors will become public information.
- J. Evaluation of Proposals: Proposals will be evaluated by a committee formed for that purpose. The committee will be made up of DHS/DSPD professional staff. The proposals will be evaluated according to the criteria identified below. Proposals must pass each pass/fail category in order to be scored. Proposals that are scored must receive at least 80 out of 100 points to be awarded a contract.

<u>Description</u>		<u>Pass/Fail or Points</u>	
1.	<u>Attachments</u> Are all required attachments complete and attached to the proposal?	Pass	Fail
2.	<u>Technical Section</u>		
	a. Does Offeror meet the established minimum requirements for at least one of the following?		
	1) Behavior Analyst I	Pass	Fail
	2) Behavior Analyst II	Pass	Fail
	3) Behavior Analyst III	Pass	Fail
		<u>Possible Points</u>	
	b. Does Offeror meet the required minimum score?		
	4) Education and experience		50
	5) Sample Work		40
	6) Cost (acceptance of DHS/DSPD established rates)		10

- K. Award: DHS/DSPD reserves the right to reject any and all proposals or to withdraw this offer at any time. Award of the contract will be made in accordance with the criteria. This is a multiple award RFP. Contracts will be written with all Offerors who meet the evaluation criteria.

If only one proposal is received in response to this RFP, DHS/DSPD may make a recommendation to the Purchasing Agent either to make an award or to resolicit for the purpose of obtaining additional proposals.

Discussions may be held with Offerors submitting potentially acceptable proposals. Factors not specified in the Proposal shall not be considered in determining the award and shall not be negotiated to be included in the contract.

Successful proposals will be open to public inspection for a period of 90 days after award of the contract. The entire proposal will be open unless the Offeror requests in writing that trade secrets/proprietary/confidential data be protected. This request must accompany the proposal and the material deemed confidential specifically identified and highlighted in yellow. The entire proposal cannot be considered proprietary.

The DHS/DSPD reserves the right to select the best Contractor for a specific situation, based on the Contractor's skills and area(s) of specialization. Award of a contract is not a guarantee that the Contractor will receive referrals from DHS/DSPD.

III. PROPOSAL REQUIREMENTS

A. Proposal Attachments

This section is pass/fail. All required attachments must be included with the proposal in order for the technical requirements of the proposal to be evaluated. The required attachments are:

1. "Attachment A" - Conflict of Interest and Disclosure Form
2. "Attachment B" - Code of Conduct Form 5-3
3. "Attachment C" - W-9 Tax ID Form
4. "Attachment D" – Behavior Analyst Proposal Questionnaire (Attach copies of college transcripts, licensure, and/or certification)
5. "Attachment E" - Sample of Work
6. "Attachment F" - Contractor's Data Sheet
7. "Attachment G" – Reference Release Form

B. Technical Requirements

If all of the required attachments are present, the proposal will be reviewed to determine whether or not it meets the minimum requirements for at least one level of Behavior Analyst. If not, the proposal fails and no further review will take place. If so, Attachments D and E will be reviewed and scored. Proposals must receive at least 80 points to be awarded a contract.

C. Qualification of Multiple Individuals

Offerors who employ multiple individuals, must submit all of the required attachments, except *Attachment C*, for each individual who will be providing Behavior Analyst services on behalf of the Offeror. Only those individuals who meet the minimum requirements for at least one level of Behavior Analyst AND receive a score of 80 points or more will be eligible to perform services under any contract awarded the Offeror. In the event an Offeror desires additional individuals to provide Behavior Analyst services under any contract awarded to it, each of the additional individuals must be found qualified to provide services by DHS/DSPD applying the same requirements stated above. No services shall be provided by any individual prior to the time that individual is found qualified to provide services by DHS/DSPD. Offerors will be notified by DHS/DSPD in writing of who may perform services under the Offeror's contract.

1. Behavior Analyst Proposal Questionnaire, Attachment D

(DHS/DSPD will determine the Behavior Analyst Level based on criteria identified below.)

Offerors must submit a response in the format outlined in *Attachment D*. Offerors are also required to provide two references. References must support the Offeror's study, training and/or experience in applied behavior analysis. References must be identified by name and title when appropriate, and include a phone number and address where the reference can be reached. If the Offeror is licensed or certified, licensure or certification must be current and in good standing to perform services and a current copy of the Offeror's licensure or certification shall be attached. References will be called to confirm accuracy of information provided. Please sign the attached Reference Release Form, *Attachment G*, and submit with your Questionnaire.

2. Sample of Work, Attachment E

When available, a Functional Behavior Assessment and Behavior Support Plan prepared by the Offeror shall be submitted for review. In those situations where a Functional Behavior Assessment and a Behavior Support Plan prepared by the Offeror is not available, Offerors may, as an alternative, prepare and submit a sample Assessment and a Treatment Plan addressing behavior problems or oppositional disorders. Any and all references to actual **client names must be blacked out** for confidentiality. Plans submitted with names shown, will not be scored and will be returned to the Offeror.

IV. FUNDING PARAMETERS

- A. Funding Eligibility Categories: The clients served under this RFP are in the following eligibility categories:

Category	Code
State Funded	SG, BG

- B. Maximum Allowable Rates: The Department of Human Services (Department or DHS) establishes Maximum Allowable Rates (MAR) for Department services. DHS/DSPD may not pay Contractors more than the established MAR rate nor may Contractors bill more than established rates. In addition, Contractors must guarantee that the amounts they charge for services to individuals under a DHS contract are not higher than the amounts they charge others for comparable services.

Behavior Analyst Payment Rate Schedule

Service Code	Kind	Rate	Description
BA1	Hr.	\$ 35.00 Per hour	Behavior Analyst I
BA2	Hr.	\$ 48.00 Per hour	Behavior Analyst II-
BA3	Hr.	\$ 62.00 Per hour	Behavior Analyst III

- C. Contractor Billing and Payment Process: The submission of monthly invoices (*invoice form 295S*) will be required. The invoices shall be submitted directly to the region office responsible for making any referrals received. Supporting documentation is required and must be attached to the invoice. Payment will not be made before services are rendered. Compensation sought must comply with the rates outlined in the above table.

Please included the following information on all invoices.

- Contract Number
- Contractor Name and Tax ID Number
- Date of service
- Name of the client served
- Written description of the services provided (mentoring, meeting with family, preparing reports, etc.)
- Hours of service provided broken down according to service activity

In addition, when a Functional Behavior Assessment, Behavior Support Plan and/or a Summary/Evaluation Report has been prepared as part of the services, the assessment, plan or report shall be attached to the billing. Payments will not be made on invoices that fail to include the necessary supporting documentation.

V. SCOPE OF WORK

- A. General Information: The services described in this RFP are considered crisis prevention services. They cannot duplicate other supports and services already available to the clients being served and they must be cost efficient and demonstrate effectiveness for the intended use.

Requests for Behavior Analyst services will be sent to the DSPD Behavior Analyst Coordinator (Coordinator) by region staff. The Coordinator will review and either approve or deny referral requests received. Upon receipt of the Coordinator's approval, region staff will refer the client approved for services to an appropriate contractor. All referrals to contractors will be in writing and include the name of the client, the name of the region contact, a preauthorized fiscal year spending limit (not to exceed \$3,000.00 per client served), and a time limit for delivery of services. No services shall be provided until a written referral is received. DHS/DSPD may work directly with the specific Behavior Analyst assigned to any particular client.

Behavioral Analyst III: The following Behavioral Analyst I, II and III service descriptions contain information a Behavioral Analyst III requires for the performance of the contract.

B. Service Description and Requirements

1. **Population To Be Served:** Clients served under this RFP meet DHS/DSPD Eligibility Guidelines, have special behavioral problems such as aggression, self-injury, property destruction, non-compliance, or eating and toileting issues, etc.
2. **Description of Services:** Contractors will provide individual behavioral consultation to families and/or staff who support clients with specific identified behavior problems. Consultation shall include designing and training the family and/or support staff on a Behavior Support Plan developed specifically for the client being served. Services are to be provided at the client's home or other naturally occurring environment in the community. Contractors are not permitted to provide direct care to clients (i.e., bathing, feeding, dressing, or supervision, etc.) nor are they allowed to transport clients. Contractors must be familiar with and agree to use the attached DHS/DSPD Policy 1-11 "Behavior Supports" as a "best practice" standard and guideline in performing contracted services.
3. **Treatment Requirements:** The following are required for all clients:

a. A Functional Assessment

Functional Assessments may encompass many different processes and procedures and can vary from short and simple to long and complex depending on the complexity of the problem behavior(s). It is required that the assessment adequately describe the problem behavior, predict the circumstances in which the problem behavior is most likely to occur, and identify the function of the problem behavior in a way that is useful in developing the behavioral support plan. The Functional Behavior Assessment shall be available in the Contractor's files. The assessment shall include who conducted the assessment, the date of the assessment, the tool or procedures used and relevant medical, ecological, and social factors which may contribute to the behavior.

b. A Behavior Support Plan

The Behavior Support Plan is multi-element and has a positive focus (i.e.: prevention and replacement behaviors, including communication skills). All plans shall establish client objectives and track client outcomes. Contractors shall evaluate plan effectiveness and make adjustments in plans as needed to achieve successful outcomes. Plans shall not include any of the following items:

- i. Corporal punishment, (slapping, hitting, pinching; etc.)
- ii. Demeaning speech (speech which ridicules or is abusive);
- iii. Seclusion (locked confinement in a room);
- iv. Use of electric devices or other painful stimuli to manage behavior;
- v. Denial or restriction of access to assistive technology, except where removal prevents injury to self, others, or property; and/or
- vi. Withholding of meals as a consequence of or punishment for problem behavior.

Behavior Support Plans, which include any Level II or Level III intrusive behavior intervention procedures will require DHS/DSPD review and approval. (Reference DHS/DSPD Policy 1-11).

c. Evaluation Summaries

Evaluation Summaries identify the target behaviors that will increase (replacement behavior) and decrease (problem behavior) the behavior. In addition, the Evaluation Summaries provide the following information:

- Interventions that were in place during the month and changes that occurred are noted in the interventions.
 - Indirect supports, such as meeting with school, training staff, or response to last month's recommendations are also described.
 - Significant events in the person's life that occurred, which may have an effect on the problem behavior.
 - A summary of the month's data, i.e. present descriptive/narrative information as it supports or contradicts objective data.
 - A critical evaluation of the current supports, and are they working; recommendations for the next month; and graphs of the primary target behaviors that shall also be updated monthly.
4. **Contractor Training Requirements:** Training is required of all Behavior Analyst Is and IIs. DHS/DSPD will provide the required training in the form of an overview of applied behavior analysis. Training may be waived on an individual basis if the applicant can demonstrate s/he has recently completed equivalent training.

Training will be conducted and/or coordinated by the DHS/DSPD Behavior Analyst Coordinator (currently Alan Tribble, BCBA). The required training consists of approximately 20 hours of instruction time and it will be conducted in the Salt Lake City area. Additional sites may be offered if DHS/DSPD determines such is needed. The training schedule will be compact and designed to fit with the time constraints of working professionals. Possible schedules include: Option One – Thursday 5- 9 PM, Friday, 8-5, and Saturday. 8-5; Option Two – two consecutive weekends Friday 6-10 PM and Saturday 8-3 PM. The dates, times, and places of the training will be determined by DHS/DSPD at a later date.

Training will be conducted following the initial contracting process as well as later in the year as needed. Future schedules will be determined by DHS/DSPD. A draft outline of the required training follows:

DSPD Behavior Analyst Draft Training Outline

- I. Theoretical/Conceptual
 1. Ethical Considerations
 2. Characteristics of Applied Behavior Analysis
 3. Basic Principles of Behavior
- II. Behavioral Assessment
 4. Characteristics and Rationale
 5. Descriptive Analysis
 6. Systematic Manipulations (Demonstrating functional relationships)
 7. Measurement
 8. Data Display
 9. Data Interpretation
- III. Establishing, Strengthening, and Weakening Behavior
 10. Selection of Targets for Change and Intermediate and Ultimate Outcomes
 11. General Issues Regarding the Selection of Procedures
 12. Behavior Change Procedures
 13. Generality of Behavior Change
 14. Managing Emergencies

IV. Cultural/Social Issues

15. Transfer of Technology

16. Establishing support for behavior analysis services

Training Stipend Option: A one-time stipend of up to \$200.00 may be offered by DHS/DSPD to those who successfully complete the DHS/DSPD training for Behavior Analysts. The stipend will consist of reimbursement in the form of a one-time payment issued after completion of the required training. The stipend is intended to serve as partial reimbursement of actual costs incurred in the way of time, travel, books, etc. *All reimbursements under this provision are contingent upon the availability of funds and must have pre-authorization by the DHS/DSPD Behavior Analyst Coordinator.* Where training is required, it must be successfully completed whether or not stipends are available.

5. Staff Services and Qualifications:

- a. Behavior Analyst I Services: The Behavior Analyst I (BA I) will provide individual behavioral consultation to families and/or staff who support clients with mental retardation or developmental disabilities. The client's problems may be emerging, annoying, worrisome, objectionable, singular but not dangerous, and interfere with learning or social relationships. The behaviors of the client at the time do not constitute an impending crisis. The families with which the BA I is consulting may have no special needs/issues beyond consultation and skill training and are capable of coordinating with schools, agencies, and others as needed.

The BA I will conduct Functional Behavior Assessments that are brief and straightforward based on interview and observation, singular target and function, and primarily learned problems not complicated with multiple organic or dual-diagnosis issues. The Support Plans prepared by BA Is will be brief and written in plain terms. Interventions will be of an educational nature and focus on skill development. Prevention procedures will be based on the principles of applied behavior analysis. Plans will not be complex and there will be no serious family issues to manage. The Evaluation Summaries required of BA Is will be concise and rely, for the most part, on general observations or subjective assessment information.

BA Is **must** be mentored by a Behavior Analyst III approximately two hours per month. Time spent being mentored **will not be paid time**. In addition, the Behavior Analyst I must complete the BA training provided by DHS/DSPD unless the training is waived by DHS/DSPD, and/or engaged in course work and work experience that meets the applicable BACB requirements. The requisite work experience does not have to be paid or supervised hours.

- b. Behavior Analyst I (Bachelor's Level) Qualifications: May have 1, 2, or 3 below:
 - 1) Board Certified Associate Behavior Analyst (BCABA)
 - 2) BCABA equivalent training and experience:
 - a) Coursework Requirements: 90 hours undergraduate classroom instruction covering basic principles of behavior analysis, the application of these basic principles, and ethical issues related to the delivery of behavior analysis programs
 - b) Experience Requirements: Completion of no less than 12 months of paid experience including designing, implementing and monitoring, or overseeing behavior analysis programs for people. This experience shall include at least 20 hours per week, 80 hours per month in behavior analysis.
 - 3) Master's Degree in a related field but does not yet have all the required training

and experience for a Behavior Analyst II/Master's Level.

- c. Behavior Analyst II Services: BA IIs will provide individual behavioral consultation to families and/or staff who support clients with serious behavior problems complicated by medical or mental health issues. [Inventory Client Agency Plan (ICAP): -35 to -45; Needs Assessment: 3]. The behavior problems are the type that are ongoing and cause minor injury and/or property destruction, and are dangerous, repulsive, and unacceptable so that they limit the client's activities and opportunities. The BA II may also be required to address family dynamics related to consistency and support and coordinate with schools, medical providers providing medical treatment for mental illness or seizures, and/or mental health providers.

BA IIs will conduct Functional Behavior Assessments that focus on more involved, comprehensive issues that involve multiple targets or functions. Setting events will be addressed and the "Competing Behavior Model" or multiple summary statements will be used. These may also include multiple functions that are complicated with dual-diagnosis issues.

Behavior Support Plans developed by BA IIs will be comprehensive and may include some mildly intrusive procedures. Replacement behaviors will require more detail such as anger management, problem solving, or relaxation. Interventions will be of an educational nature and focus on skill development and prevention procedures using the principles of applied behavior analysis. More involved intervention plans will be needed that may include some uninvolved restrictive interventions. In addition, there may be serious family and/or other relationship issues with school, agencies and others that need to be addressed. Some clients may be at risk and there may be times where change in the client's future living situation, in or out of home, may also be a component of the crisis prevention procedures.

Evaluation Summaries will be comprehensive and detailed. They shall contain objective data/information that is summarized, evaluated, and supplemented by easily understood graphs for visual analysis.

The Behavior Analyst II may also consult with DHS/DSPD staff about the behavioral needs of specific clients, review the behavior supports provided by others through contract or utilization reviews, and participate in clinical reviews, behavior peer reviews, or crisis prevention planning. Consulting hours will be paid at the contract rate but only when pre-approved and only for specific tasks with specified hours and timelines. Consultation will be on routine cases similar to those assigned to a Behavior Analyst I.

The Behavior Analyst II may be required to be mentored by a Behavior Analyst III during the contract period and time spent being mentored **will not be paid time**. Behavior Analyst IIs must also agree to be actively engaged in training provided by DHS/DSPD, and/or engaged in course work and/or work experience that will meet Behavior Analyst Certification Board requirements. Work experience does not have to be paid or supervised hours.

- d. Behavior Analyst II (Master's Level) Qualifications: May have 1 or 2 below:
- 1) Master's Degree related field and some Board Certified Behavior Analyst training or its equivalent:
 - a) Coursework Requirements: Completion of 90 of the BCBA's 180 hours of graduate level classroom instruction. The 180 hours covers 45 hours of basic behavior analytic principles, 45 hours of the application of these behavior analytic principles, 20 hours of single subject research methods, 10 hours of ethical and professional standards relevant to the practice of behavior analysis, and 60 hours of other behavior analysis content.
 - b) Experience Requirements: Completion of no less than 12 months of paid

work or supervised experience including designing, implementing and monitoring, or overseeing behavior analysis programs for people.

Experience shall include at least 20 hours per week, 80 hours per month in behavior analysis.

- 2) Licensed in Utah as one of the following plus BCABA approved coursework consisting of 90 hours undergraduate classroom instruction covering the basic principles of behavior analysis, the application of these basic principles, and ethical issues related to the delivery of behavior analysis programs:
 - a) Licensed Clinical Social Worker,
 - b) Licensed Professional Counselor,
 - c) Licensed Marriage and Family Therapist,
 - d) Licensed Psychologist or Medical Doctor
- e. Behavior Analyst III Services: BA IIIs will provide individual behavioral consultation to families and/or staff who support clients with the most involved and complex, difficult, dangerous, potentially life-threatening, and resistant to change problems. In addition, the clients served have failed intervention, are frightening to others, and are severely limited in their activities and opportunities. These clients' problems are further complicated by multiple organic, genetic, neurological and/or psychiatric issues. [Inventory Client Agency Plan (ICAP): -45 to -65; Needs Assessment: 4]

The BA III will conduct Functional Behavior Assessments addressing hard to separate multiple functions that may require the use of functional analysis manipulation procedures. Assessments will address the effects of multiple organic as well as dual-diagnosis issues.

The Behavior Support Plans designed by BA IIIs will be complex and detailed and may include Level II/III intrusive procedures. They will address multiple targets, including complications caused by family problems and dynamics. The plans will contain detailed procedures for handling prevention, consequences, replacement behaviors, and crisis and safety issues. Interventions will be of an educational nature and focus on skill development and prevention procedures using the principles of applied behavior analysis. Services may have to be coordinated with schools and other agencies addressing the clients' behavior problems and address multiple medications for difficult to assess and treat psychiatric problems and seizures.

Evaluation Summaries will be comprehensive, detailed, and based on objective data integrated from multiple sources. They will address multiple targets, treatment conditions, and the effects of other interventions such as medications. They will also use graphs for visual analysis.

BA IIIs may also be required to consult with DHS/DSPD staff about the behavioral needs of individuals, review the behavior supports provided by others through contract or utilization reviews, and participate in clinical reviews, behavior peer reviews or crisis prevention planning. Consultation may involve cases similar to those handled by BA Is and IIs in addition to highly complex (difficult) cases. The latter may include cases in expensive/intensive residential programs, cases in crisis, and cases at risk for a change in placement or hospitalization.

In addition to the above, BA IIIs will mentor Behavior Analyst Is and IIs when pre-approved by the DHS/DSPD Behavior Analyst Coordinator. Mentoring is limited to two hours per month per analyst being mentored. Mentoring includes, but is not limited to, activities such as reviewing assessments and behavior plans, giving instruction, and problem solving. Time spent mentoring will be paid time. Hours spent consulting will be paid at the same rate identified in the contract for services and only when pre-approved for specific tasks with specified hours and timelines

f. Behavior Analyst III (BCBA Level) Qualifications:

- 1) Board Certified Behavior Analyst, OR
- 2) Ph.D. in a related field and BCBA equivalent training and experience:
 - a) Coursework: 180 hours of graduate level classroom instruction covering 45 hours of basic behavior analytic principles, 45 hours of the application of these behavior analytic principles, 20 hours of single subject research methods, 10 hours of ethical and professional standards relevant to the practice of behavior analysis, and 60 hours of other behavior analysis content.
 - b) Experience: Completion of no less than 18 months of mentored experience (monthly contacts between applicant and a BCBA or equivalent) with at least 20 hours per week, 80 hours per month in behavior analysis, OR completion of no less than nine months of supervised experience (face to face meetings between applicant and a BCBA or equivalent for at least two hours every two weeks) with at least 20 hours per week, 80 hours per month in behavior analysis, OR a combination of mentored and supervised experience.

g. Education Requirements: All of the various educational requirements identified above must be obtained from one of the following: 1) A United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body. 2) An institution of higher education located outside of the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States. One semester credit is equivalent to 15 hours of instruction and one-quarter credit is equivalent to 10 hours of instruction.

h. Certification Assistance: Certification assistance may be offered by DHS/DSPD to those who obtain their certification from the BACB. This assistance is available one-time only and shall be in the following amounts: - BCBA -- \$250.00, BCABA -- \$185.00. Reimbursement will be made upon evidence of certification completion.

All reimbursements under this provision are contingent upon the availability of funds and must have pre-authorization by the DHS/DSPD Behavior Analyst Coordinator.

6. Staff to Client Ratio: The following staff to client ratios shall be maintained in providing services:

- a. BA I: Behavioral Consultation will be determined in the Support Plan.
- b. BA II: Behavioral Consultation will be one on one.
- c. BA III: Behavioral Consultation will be one on one.

7. Special Record Keeping Requirements

Contractors are expected to maintain sufficient documentation to support the services provided including, but not limited to, the following:

- a) Number of hours worked (see Contractor Billing and Payment Process for details)
- b) Applicable licensure and certification
- c) Log of mentored hours
 - 1) Person being mentored keeps the log of mentored hours for purposes of certification, and client consultation information.
 - 2) Mentor tracks number of mentoring hours provided for purposes of reimbursement.
- d) A referral approved by the DHS/DSPD Coordinator.
- e) Copies of all client reports prepared including:
 - 1) Functional Behavior Assessments
 - 2) Behavior Support Plans

3) Follow-up and Summary/Evaluations

8. Reporting Requirements: To ensure client needs are being met and to assist DHS/DSPD in its efforts to evaluate the effectiveness of client services, contractors shall prepare and forward with their monthly billing a copy of the following to the appropriate DHS/DSPD Region Office. The support documentation shall be submitted with the billing that is applicable to the service.
- a) Functional Behavior Assessment
 - b) Behavior Support Plan
 - c) Follow-up Summary/Evaluation Report
 - d) DHS/DSPD will monitor records and services for compliance.

VI. PERFORMANCE MEASURES AND OUTCOMES

- A. Customer Satisfaction Surveys: DHS/DSPD is committed to providing client-oriented services, therefore, it may conduct customer satisfaction surveys to ensure that services being provided are appropriate for the clients being served. Families and other natural supports will be engaged in assisting with the survey. Contractors must agree to cooperate with all DHS/DSPD initiated client or customer feedback activities.
- B. Outcome Measurements: Contractors will work with DHS/DSPD to develop outcomes for evaluation. The Contractor shall work with DHS/DSPD to develop and maintain an outcome measurement system to track and improve program and client outcomes and services. The outcome measurement system shall include specific performance goals, outcomes and measures, e.g., client satisfaction, reduction in behaviors, etc. At least annually, the Contractor shall submit to DHS/DCFS a written summary report of their outcome measurement system. The report is due by January 31 each year. The report shall describe outcome goals, measurements and results.

RFP# _____

PROPOSAL EVALUATION SCORE SHEET

OFFEROR _____ EVALUATOR _____ DATE _____

PASS _____ FAIL _____

PROPOSAL ATTACHMENTS			
DESCRIPTION		Pass/Fail	COMMENTS
<input type="checkbox"/>	Conflict of Interest and Disclosure		
<input type="checkbox"/>	Copy Business License		
<input type="checkbox"/>	Code of Conduct		
<input type="checkbox"/>	W-9 Tax ID Form		
<input type="checkbox"/>	Questionnaire		
<input type="checkbox"/>	Sample of Work		
<input type="checkbox"/>	Contractor's Data Sheet		

Establishing Behavior Analyst Level - **Behavior Analyst Level will be evaluated and determined by DHS/DSPD.**


- ☐ Behavior Analyst I
☐ Behavior Analyst II
☐ Behavior Analyst III

TECHNICAL SECTION			
DESCRIPTION	Possible 90 Points	SCORE	COMMENTS
<u>Education and Experience</u> 1. Relevance of Education related to the provision of Behavior Analysts Services for People with Disabilities. 2. Relevance of Experience related to the provision of Behavior Analysts Services for People with Disabilities.	20 Points 30 Points		
<u>Sample</u> Functional Behavior Assessment or an Assessment addressing Behavior Problems or Oppositional Disorders	20 Points		
Behavior Support Plan or Treatment Plan	20 Points		

10 points possible SCORE

Contracts will be rate based and the Offeror must agree to accept the established rates for the service provided.	10		This is an established rate contract. DHS established service fee applies. Offerors may charge less than, but not exceed these rates.
TOTAL POINTS			Initials of Evaluator:

SCORING will be as follows: You must have a total score of 80 or above to pass.

 <p>Department of Human Services 120 North 200 West Salt Lake City, UT 84103 (801) 538-4001</p>		ATTACHMENT A CONFLICT OF INTEREST - DISCLOSURE STATEMENT Name of Contractor: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">Does any employee in your organization have a conflict of interest or potential conflict of interest?</td> <td style="width: 10%; text-align: center; vertical-align: top;">YES</td> <td style="width: 50%; vertical-align: top;"><i>(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)</i></td> </tr> <tr> <td></td> <td style="text-align: center; vertical-align: top;">NO</td> <td style="vertical-align: top;"><i>(Please complete the signature section below.)</i></td> </tr> </table>		Does any employee in your organization have a conflict of interest or potential conflict of interest?	YES	<i>(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)</i>		NO	<i>(Please complete the signature section below.)</i>
Does any employee in your organization have a conflict of interest or potential conflict of interest?	YES	<i>(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)</i>							
	NO	<i>(Please complete the signature section below.)</i>							
Dual Employment <i>(The notary section of this form must be completed for all dual employment conflicts of interest.)</i>									
Name of individual with dual employment:									
Title or position with the State of Utah or political subdivision:									
Title or position with the Contractor:									
Nature and value of the individual's interest in Contractor's business entity:									
Individual's decision-making authority with the Contractor and with the State:									
How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?									
Related-Party Transactions or Independent Judgment Impaired									
Name and position or title of individual with Conflict of Interest:	(individual associated with Contractor):								
	(individual associated with other party):								
Relationship between identified individuals:									
Description of transaction involving identified individuals and dollar amount (if any):									
Decision-making authority of individuals with respect to that transaction:									
Potential effect on this Contract with DHS:									
How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?									
Signature: I hereby certify that the information I have given is true and complete to the best of my knowledge. _____ Date: _____ (Signature) Print Name: _____		Notary: <i>(Must be completed for all dual employment conflicts of interest)</i> STATE OF _____) : ss. COUNTY OF _____) SUBSCRIBED to before me this ____ day of _____, (Seal) NOTARY PUBLIC _____ Commission Expires _____							
DHS/DSPD Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Refer to BIRA Agency Signature: _____									
*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA"). BIRA Action Upon DHS/ Referral: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Other _____									
Revision Date: July 3, 2002									

“Attachment B” -Code of Conduct Form 5-3

Utah DHS-DSPD
4/00

DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

Page 1 of 1
Form 5-3

PROVIDER/EMPLOYEE/VOLUNTEER CERTIFICATION FORM

(This must be signed by every provider, employee, and volunteer in Human Services programs.)

I have read and been provided a personal copy of the Department of Human Services Provider Code of Conduct 05-03 and Division of Services for People with Disabilities - Policy 5-3.

I understand the expectations outlined in the Code of Conduct and will strive in good faith to comply with the provisions therein. Any questions or clarifications of the Code of Conduct have been presented and satisfactorily responded to.

Signature

Date

Signature

Date

Program/Facility

Address

City Zip

"Attachment C" - W-9 Tax ID Form

Form W-9 (Rev. January 2002) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.					
Print or type See Specific Instructions on page 2.	Name _____						
	Business name, if different from above _____						
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding						
	Address (number, street, and apt. or suite no.) _____	Requester's name and address (optional) _____					
	City, state, and ZIP code _____						
List account number(s) here (optional) _____							
Part I Taxpayer Identification Number (TIN)							
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> </tr> <tr> <td style="text-align: center;">or</td> </tr> <tr> <td style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> </tr> </table>			Social security number	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	or	Employer identification number	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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Part II Certification							
Under penalties of perjury, I certify that:							
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and							
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and							
3. I am a U.S. person (including a U.S. resident alien).							
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)							
Sign Here	Signature of U.S. person _____	Date _____					
Purpose of Form A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.							
Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:							
1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).							
2. Certify you are not subject to backup withholding, or							
3. Claim exemption from backup withholding if you are a U.S. exempt payee.							
If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.							
Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.							
What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.							
You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.							
Payments you receive will be subject to backup withholding if:							
1. You do not furnish your TIN to the requester, or							
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or							
3. The IRS tells the requester that you furnished an incorrect TIN, or							
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or							
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).							
Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate instructions for the Requester of Form W-9.							
Penalties							
Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.							
Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.							
Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.							
Abuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.							

"Attachment D"- Behavior/Analyst Proposal Questionnaire
(submit one for each person performing the Behavior Analyst service)

Provide the following information using the indicated titles and numbering.

I. Identifying Information

- A. Name:
Date:
Mailing Address:
Telephone number(s):
E-mail:
- B. Level and Service (*determined by DHS/DSPD Behavior Analyst Coordinator*)

II. License and certification(s)

(Include copy of licensure and/or certification.)

Include the exact title, number, and date.

Behavior Analysis Certification Board:

Board Certified Behavior Analyst - Board Certified Associate Behavior Analyst

***Additional documentation of education and training experience is not required if current

BCBA

applying for Behavior Analyst III or BCABA applying for Behavior Analyst I.

Utah License as Mental Health Therapist:

Licensed Clinical Social Worker - Licensed Professional Counselor -

Marriage and Family Therapist - Licensed Psychologist - Medical Doctor

Educator License by the State Board of Education

Other related license/certification/credentials:

III. Education

Include college transcripts.

Include the college/university, major/department, degree, and date.

A. Degree(s)

Bachelor's Degree:

Master's Degree:

Ph.D./Psy.D/Ed.D./M.D.:

Other college education or professional training programs:

B. Specific behavior analysis courses

Only list college or university courses in behavior analysis. List school, course number, course title, and hours of instruction (one semester credit is equivalent to 15 hours of instruction and one quarter credit is equivalent to 10 hours of instruction). If the course is not obviously behavior analysis in content from the title, include the professor's name, textbooks used and a description of the course as needed.

Undergraduate courses (BCABA 90 hours of instruction)

Basic behavior principles, the application of these principles, and ethical issues:

Graduate courses (BCBA 180 hours of graduate instruction)

Basic principles (BCBA 45 hrs.):

Application of principles (BCBA 45 hrs.):
Single-subject research methods (BCBA 20 hrs.):
Ethical/professional standards (BCBA 10 hrs.):
Other behavior analysis coursework (BCBA 60 hrs.):

This part is Optional: It may help with Relevant Education "on proposal score sheet"

C. Other specific behavior analysis training (non-college credit workshops/courses):
List workshops and courses with date, title, hours of instruction, instructor and brief description.

D. Other education and/or training related to working with people with disabilities and their families which is not primarily behavior analysis:
List related workshops and courses with date and title.

IV. Work Experience

Include employer, job title, dates, primary duties, supervisor/mentor's name.

A. Supervised experience

Experience must be at least 20 hours per week in behavior analysis with the primary duties including designing, implementing and monitoring or overseeing behavior analysis programs for people. Supervision must include face-to-face meetings for at least two hours every two weeks with a supervisor who is BCBA or meets the coursework requirement for BCBA.

B. Mentored experience

Experience must be at least 20 hours per week in behavior analysis with the primary duties including designing, implementing and monitoring or overseeing behavior analysis programs for people. Mentoring must include monthly contact with a mentor who is BCBA or meets the coursework requirement for BCBA.

C. Other behavior analysis experience

Duties including designing, implementing and monitoring or overseeing behavior analysis programs for people; however, the criteria for supervised or mentored experience are not met.

D. Other related experience

Experience working with people with disabilities or special needs, which did not include behavior analysis.

V. References

List two professionals who are familiar with offeror's educational and work experiences. Include phone number and mailing address. Please include the Release form with this questionnaire.

Attachment E”- Sample of Work

Sample of Work (Offeror’s Attachment E)

DSPD requires that where available a Functional Behavior Assessment and Behavior Support Plan be submitted for review. In those situations where a Functional Behavior Assessment is not available, Offerors may as an alternate, submit a sample of an Assessment and a Treatment Plan addressing behavior problems or oppositional disorders. Any and all references to individual names **must be blacked out** for confidentiality. Samples submitted with names shown, will not be scored and will be returned to the Offeror.

CONTRACTOR DATA SHEET*ATTACHMENT F*

Return this Provider Data Sheet, completed and signed. All sections below MUST be completed or an explanation provided.

Requisition Number: _____ Date: _____

Provider Signature: _____ Print Name: _____

1) Legal Status:	Please circle and indicate if it is for profit or non-profit: Non-Profit For Profit Sole Proprietor Partnership Government Entity Corporation	
2) ID number	Please give your IRS ID Number: # _____	Provide the attachment , a copy of the W-9 “Request for Taxpayer Identification Number and Certification”, or verification of the application for a tax identification number. The completed IRS Form W-9 must be received by the Division. The IRS Form W-9 can be obtained from a local Internal Revenue Service office or the IRS web site at: http://www.irs.ustreas.gov/prod/forms-pubs/forms.html .
3) Give Address and building name if appropriate, for location where services will be provided:		
4) Name of person(s) and title, authorized to represent the Offeror in any negotiations and to sign any resulting contract.		
5) Name and address of corporate officers or partners		
6) Contractor's Representative for billings and reports, who DSPD would call for related questions. Where and to whom shall Contract Payments will be addressed:	Name: Address: Name: Address:	Title: Telephone: Fax: E-mail:
7) Name and address of Contractor's Entity or Individual preparing Contractor's Audit or financial Statement. (CPA).		
8) Service Codes Applied for within this RFP.	N/A - Service Code will be determined by DHS/DSPD. DHS/DSPD reserves the right to contract based on this determination resulting from the outcome of the Request for Proposal evaluation process.	

<p>9) Statement that attached Proposal meets all requirements of this Request for Proposal.</p>	<p>I _____, _____ (print name here) (print title here) to the best of my knowledge, affirm that the attached Proposal meets all the requirements of the Request for Proposal.</p> <p>Signed: _____ / _____ Signature here Date signed</p>
<p>10) Request that trade secrets or proprietary information in the proposal be withheld from public inspection if needed.</p>	<p>I request that trade secrets or proprietary information in this proposal be withheld from public inspection. The Offeror will highlight in yellow, all sections that are considered proprietary. Indicate here, the page numbers of the highlighted sections. Pages: _____</p> <p>Check one of the boxes below. <input type="checkbox"/> Please WITHOLD from public inspection. <input type="checkbox"/> Please DO NOT withhold from public inspection.</p>
<p>11) Statement that the Offeror agrees to the Department of Human Services Contract and to all applicable legal requirements including required liability insurance.</p>	<p>I agree to all of the Department of Human Services Contract applicable legal requirements including required liability insurance.</p> <p>By: _____ / _____ Signature of Authorized Representative, Title Date</p>
<p>12) Statement that the Offeror has read and understands the Division Policy and Procedure manual and agrees to provide services based upon this and Division Mission, Values and Guiding Principles.</p>	<p>I have read and understands the DSPD Policy and Procedure manual and agree to provide services based upon this and the DSPD Values and Guiding Principles.</p> <p>By: _____ / _____ Signature of Authorized Representative, Title Date</p>
<p>13) Detailed explanation of any contingencies on which the Proposal is based.</p>	<p>Please print or type your explanation in this box:</p>
<p>14) Certified copy of certificate of incorporation or other duly issued authorization to do business in the State of Utah.</p>	<p>I have attached a certified copy of the certificate of incorporation or other duly issued authorization to do business in the State of Utah.</p> <p>By: _____ / _____ Signature of Authorized Representative, Title Date</p>

Attachment F Continued	
<p>15) An endorsement adding the State of Utah as an additional insured and the Certificate of Insurance showing compliance with the applicable insurance provisions of the DHS Service Contract. The insurance company must have an A.M. Best rating of at least A- or better and a class size rating of VII or larger. Documentation from the insurance company showing their rating must be attached to the proposal. (A current copy of the required insurance provisions is in the DSH Service Contract and may be obtained from the Division). If the insurance and endorsement are not in place prior to the proposal due date a letter of intent to comply with the endorsement and insurance requirements must be attached to the proposal. However, the requested endorsement, rating information and certificate must be submitted prior to initiation of the contract.</p>	<p>An endorsement adding the State of Utah as an additional insured and the Certificate of Insurance showing compliance with the applicable insurance provisions of the DHS Service Contract is attached.</p> <p>By: _____ / _____ Signature of Authorized Representative, Title Date</p> <p>A letter of intent to comply with the endorsement and insurance requirements is attached to the proposal.</p> <p>By: _____ / _____ Signature of Authorized Representative, Title Date</p>
<p>16) Conflict of Interest Form</p>	<p>I have attached a the completed, signed and dated, Conflict of Interest Form, and if applicable have had the form witnessed and notarized.</p> <p>By: _____ / _____ Signature of Authorized Representative, Title Date</p>

Attachment G

STATE OF UTAH

REFERENCE RELEASE FORM

NAME: _____
(Please Print Applicant's Full Name)

SOCIAL SECURITY NUMBER:

I authorize the State of Utah to seek information from employers, supervisors and colleagues regarding my work habits, performance record, ability to form effective working relationships with co-workers, technical skills and any other job-related information which will enable the State of Utah to evaluate my suitability for employment.

If the job I am applying for requires a commercial drivers license, I understand that my previous employer is required by federal law to release drug test results to the State of Utah.

In addition, I hereby consent to the release of any private or confidential information which may exist in my personnel file to the State of Utah.

BY INITIALING BELOW, I AUTHORIZE THE STATE OF UTAH TO OBTAIN INFORMATION FROM:

_____ ALL FORMER EMPLOYERS AND CURRENT EMPLOYER

_____ FORMER EMPLOYERS ONLY

SIGNED: _____ DATE:

Attachment H, Behavior Support, Policy 1-11

295S Billing Form Sample